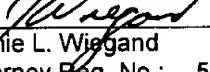




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AMENDMENT TRANSMITTAL LETTER				Docket No. 08223/000S102-US0																																					
Application No. 09/656,166-Conf. #8916	Filing Date September 6, 2000	Examiner A. L. Nalven	Art Unit 2134																																						
Applicant(s): Brad Kollmyer et al.																																									
Invention: APPARATUS, SYSTEM AND METHOD FOR SELECTIVELY ENCRYPTING DIFFERENT PORTIONS OF DATA SENT OVER A NETWORK																																									
TO THE COMMISSIONER FOR PATENTS																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">97</td> <td style="text-align: center;">- 99 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">10</td> <td style="text-align: center;">- 10 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	97	- 99 =		x	0.00	Independent Claims	10	- 10 =		x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																					
Total Claims	97	- 99 =		x	0.00																																				
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																									
Other fee (please specify):																																									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																				
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																									
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
 Jamie L. Wiegand Attorney Reg. No.: 52,361				Dated: <u>June 9, 2004</u>																																					
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (206) 262-8900																																									